# CHILD ABUSE PREVENTION

# AND

# CHILD PROTECTION

***A MANUAL FOR***

***CHILD CARE PRACTITIONERS WORKING IN REGULATED EARLY CHILDHOOD CARE SETTINGS***

**Revised - November 2, 2001**

102-04083/

# CHILD ABUSE PREVENTION and CHILD PROTECTION


**INTRODUCTION** ..... 1

**IDENTIFYING CHILD ABUSE** ..... 2
Legislation and Definitions ..... 2

**INDICATORS OF POSSIBLE ABUSE** ..... 2
Physical Abuse ..... 3
Emotional Abuse ..... 4
Sexual Abuse ..... 5
Neglect ..... 6
The Impact on Children Who Witness Violence ..... 7
Children with Special Needs ..... 7
Sexually Intrusive Children ..... 8

**CHILD ABUSE PREVENTION MEASURES** ..... 9
The Child Care Practitioner's Role in Preventing Abuse ..... 9

**Developing Child Care Policies:** ..... 10
A. Personnel Policies and Procedures ..... 10
i Hiring the Best Staff ..... 10
ii Child Abuse Register ..... 11
iii Criminal Record Checks ..... 12
iv Orienting New Staff ..... 14
v Caring for the Caregiver ..... 14
vi Professional Ethics ..... 15
B. Behaviour Guidance and Discipline Policies ..... 16
C. General Policies and Procedures ..... 17
D. Parent Communication Policy ..... 18

**PROCEDURES FOR RESPONDING TO AI LEGATIONS OF ABUSE THAT HAS OCCURRED OUTSIDE OF THE CHILD CARE CENTRE OR HOME** ..... 19
What to do when you suspect abuse ..... 19
What to do when a child discloses abuse ..... 20
How to make a report ..... 21
What happens when a report is made ..... 22
Interviewing the child ..... 22
Taking the child into care ..... 23
Medical Examination ..... 24
Contact with the non-offending parent, family member or guardian ..... 24
Contact with the suspected offender ..... 24
A word about record handling and confidentiality ..... 24
The Investigation and the aftermath ..... 25

**PROCEDURES FOR RESPONDING TO ALLEGATIONS OF ABUSE INSIDE THE CHILD CARE CENTRE OR FAMILY DAY CARE HOME** ..... 26
Policies for Response to Abuse Allegations ..... 26
When the Allegation is Made ..... 27
The Investigative Process ..... 29
The Police Investigation ..... 29
What Happens if Charges Are Not Laid...? ..... 29

**APPENDIX I**
**Normative Child Sexual Development** ..... 31
**"Childhood Sexuality"** by Anna MacDonnell ..... 32
**"Behaviours Related to Sex and Sexuality"** by Dr. T. Cavanagh Johnson:
- In Preschool Children ..... 33
- In Kindergarten Through Fourth Grade Children ..... 35
- In Young School-Age Children ..... 37

**APPENDIX II**
Open Door Communication Policy ..... 40

**REFERENCES** ..... 41

# INTRODUCTION

Child care practitioners are responsible for one of society's most vulnerable groups - young children. This means that they have the very special task of ensuring that the safety and well-being of the children in their care is upheld at all times. This manual is intended and designed to aid early childhood professionals in understanding the complexities of child abuse and neglect. It is important that child care personnel are familiar with the laws, definitions, and indicators of possible abuse. They must also know how to prevent, respond to, and report suspected abuse. We recommend that child care centres and programs ensure that appropriate policies are put in place which will help to prevent abuse and identify internal procedures to be followed when a report or allegation is made.

This handbook is meant to complement and accompany the Department of Community Services document entitled, Reporting and Investigating Allegations of Abuse and Neglect: A Protocol for Staff Working in Regulated Early Childhood Care Settings and Child Welfare Agencies, (hereinafter referred to as the "Protocol"), both of which will provide a resource to all child care staff, operators and Boards involved in the delivery of child care in Nova Scotia and whose duty it is to ensure that our children are protected and safe from harm.


## Acknowledgements

The information provided in this booklet and the accompanying **Protocol for Staff Working in Regulated Early Childhood Care Settings and Child Welfare Agencies**, which has been compiled by staff of the Family and Children's Services Division of the Department of Community Services, has come from many different sources. The Department would especially like to recognize Liz Hicks, representing the Nova Scotia Round Table On Child Care and Alice Chadwick of Dartmouth Day Care for their important contribution. The Department also wishes to acknowledge the Early Childhood Educators of British Columbia and the Manitoba Child Care Association for giving their permission to reprint materials from their Taking Care (1993 and 1997 editions) and from Child Abuse: How to Handle Allegations Against the Child Care Provider (1992) respectively.

## IDENTIFYING CHILD ABUSE

### Legislation and Definitions:

It is vital that child care staff have a sound understanding of the signs of abuse, of the laws respecting children in need of protection, and of their obligation to report suspected abuse.
The Children and Family Services Act provides the legal basis for child protection in Nova Scotia. The purpose of this Act is to protect children from harm, promote the integrity of the family and assure the best interests of children. It is the responsibility of the Department of Community Services to enforce the Act through Child Welfare Agencies. A Child Welfare Agency will have social workers who investigate reports of child abuse and neglect. Police may assist social workers to carry out child protection functions by assisting when children are apprehended and by keeping the peace. It is the responsibility of police to gather evidence, to interview the suspect, and lay charges if a crime has been committed under the Criminal Code.

The sections of this Act identifying when a child is in need of protective services, that is when the child is being abused or is at risk for abuse or neglect, have been reproduced in the Protocol (pgs. 6-10). Child care practitioners are referred to page four of the Protocol for definitions of reportable abuse and neglect. Sections of the Act relating to the duty of professionals to report are also included in the Protocol.

## INDICATORS OF POSSIBLE ABUSE

There are many signs which alert child care practitioners that abuse may have occurred or may be occurring. Rarely is any one indicator conclusive proof that a child has been harmed. In most instances of abuse, children present with a cluster of behavioural and physical indicators. Attention should be given to the duration, consistency and pervasiveness of each of these characteristics. Please see the booklet entitled **Indicators of Possible ABUSE OR NEGLECT**, Department of Community Services, 1992, for more detailed information.

***It is important to note that there may be other explanations for the following behaviours and physical symptoms. The presence of these indicators does not prove that a child has been abused. They are clues which alert the child care practitioner that abuse may be occurring or may have occurred, requiring him/her to record and report. The final diagnosis and/or assessment of the indicators is the role of child protection staff.***

***The following list of indicators of possible abuse or neglect is not exhaustive.***

## INDICATORS OF PHYSICAL ABUSE

**The Child**

Physical signs might include:

- bruises, cuts, sores or welts, especially on the face, neck, buttocks and thighs
- human bite marks
- unexplained burns (eg. cigarette burns) or rope burns on arms, legs, neck or torso
- lacerations and abrasions
- dislocation of shoulders, hips, etc.
- head injuries
- injuries that are not consistent with the explanation offered
- the presence of several injuries that are in various stages of healing
- the presence of various injuries over a period of time

**The Adult** may:

- appear unconcerned about child's condition
- view child as bad or as the cause of life's problems
- resist discussion of child's condition or family situation
- view questions with suspicion
- use discipline inappropriate to child's age, condition and situation
- offer illogical, contradictory, unconvincing or no explanation of injuries
- show poor understanding of normal child development (for example, may expect adult-like, mature behaviour from a young child)

**Possible Behavioural Indicators of Physical Abuse**

**The Child** may:

- be wary of physical contact with adults
- cringe or flinch if touched unexpectedly
- seem afraid of parent or other person
- be frightened when faced with adult disapproval
- be apprehensive when others cry
- show extremes of behaviour - aggressive/ withdrawn
- be over-anxious to please
- approach any adult including strangers
- display extremely indiscriminate affection-seeking behaviour
- not recall how observed injuries occurred
- offer an inconsistent explanation

## INDICATORS OF EMOTIONAL ABUSE

**The Child**

Child's appearance may not indicate or suggest the extent of the difficulty. Child may appear clean, well groomed and well nourished.

Child's facial expression and body carriage may indicate sadness, depression, timidity or held-back anger.

**Possible Behavioural Indicators of Emotional Abuse**

- unexpected changes in behaviour
- aggressive, demanding, angry/defiant or overly compliant, apologetic, passive or undemanding
- extreme adult behaviour, like assuming a care taking role with parent and/or other children
- extremely inappropriate behaviour for child's developmental level (eg. temper tantrums, etc.)
- unrealistic and high standards set for own performance in order to get approval
- sad, confused, withdrawn or depressed
- delinquency, vandalism, absenteeism, and/or self-destructive behaviours such as drug or alcohol abuse, self-mutilation, suicide attempts or threats, being "accident prone", running away or prostitution
- poor social relationships with peers
- reluctance to go home
- consistently tired or fatigued
- unusual fearfulness of the consequences of their actions which can lead to lying
- over-participation, "has to win" attitude
- developmental lags
- fear failure, have trouble concentrating or learning and give up easily
- be either boastful or negative about himself
- constantly apologize

**The Adult** may:

- blame or belittle child in public and at home
- withhold comfort when child is frightened or distressed
- treat other children in the family differently and better, showing more acceptance and loving, and less criticism
- tend to describe child in negative ways: "stupid," "bad," "trouble-maker," and see failure or poor future for child
- hold child responsible for parent's difficulties and disappointments
- identify child with disliked relatives

## INDICATORS OF SEXUAL ABUSE

**The Child**

Physical evidence of sexual abuse is rare. Often with young children, abuse is not intercourse but touching, which may leave no physical signs. Where physical evidence is present, it may be:

- recurring physical ailments with no apparent somatic base, e.g. abdominal pain, persistent sore throat, vomiting
- trauma to breasts, buttocks, lower abdomen, thighs, genital or rectal areas
- torn, stained or bloody clothing
- pain or itching in genital area or throat, difficulty going to bathroom or swallowing
- poor bowel control
- difficulty with urination
- bruises, bleeding or swelling of genital, rectal or anal areas
- vaginal odour or discharge
- vaginal infections
- recurring urinary tract infections without an organic cause
- showing discomfort when running, walking or sitting
- fearing normal nudity (diapering or bathing)
- eating problems

**Possible Behavioural Indicators of Sexual Abuse**

**The Child may:**

- display unusual interest in sexual matters
- use language and make drawings that are sexually explicit
- have unusual sexual knowledge
- indulge in persistent and inappropriate sexual play for development level
- express affection in a sexualized manner
- simulate sexual acts with siblings, friends, pets or animals
- have sexual preoccupations
- indulge in compulsive sexual behaviour (eg. grabbing breasts or genitals or compulsively removing clothes)

**Possible Behavioural Indicators of Sexual Abuse** ***(continued)***

- be confused about appropriate physical boundaries
- have a sudden change in feelings about a particular person or place
- withdraw from others
- partake in self-destructive behaviour or self mutilation
- have unusual fear of a particular person or of adults
- present evidence of an unusually secretive "special" relationship with an older person
- have nightmares, night terrors and sleep disturbances (uncommon under age 3)
- display chronic depression, anxiety, phobic behaviours (e.g. fear of enclosed spaces such as closets)
- show dramatic behavioural changes
- resist being undressed or be apprehensive or fearful when undressing
- cling or compulsively seek affection and attention
- attempt suicide
- show fear of closed spaces
- masturbate excessively
- regress to more infantile behaviours, including thumb sucking and crawling
- show increased separation anxiety
- display considerable tiredness and lethargy

**The Adult may:**

- often be domineering but emotionally weak
- suggest or indicate marital or relationship difficulties with adults
- indicate own social isolation, loneliness, especially as a single parent
- cling to child, both physically and emotionally; hold and touch the child in an inappropriate way
- tend to blame others for life's problems and child's sexual behaviour - may even accuse child of causing sexual abuse

## INDICATORS OF NEGLECT

**The Child** may:

- be underweight by more than 30% and gain weight when offered proper nutrition
- show improvement of developmental delays following proper stimulation and care
- demonstrate signs of deprivation: cradle cap, severe diaper rash, diarrhea, vomiting, anemia, recurring respiratory problems
- be consistently dirty or dressed inappropriately for weather, or wear torn clothing
- consistently be hungry or thirsty
- consistently be tired or listless
- demand much physical contact and attention
- assume role of parent or adult in the family
- lack proper medical and dental care
- beg for or steal food

**The Adult** may:

- maintain a chaotic home life with little evidence of health routines
- not supervise child for long periods of time or when child is involved in potentially dangerous activity
- leave child in the care of inappropriate persons
- give child inappropriate food, drink, medicine
- consistently bring child early and pick up late
- be apathetic towards child's progress, hard to reach by phone and fail to keep appointments to discuss child and concerns
- overwork or exploit child
- show evidence of apathy, feelings of futility

## The Impact on Children Who Witness Violence

Research indicates that children are negatively affected by witnessing abuse of their mothers, siblings or other family members. Children may exhibit emotional and behavioural problems similar to those of children who have been physically and sexually abused. Section 22(2) of the Children and Family Services Act (1991) also recognizes witnessing domestic violence as one of the conditions under which a child may become in need of protective services.

**Children who observe violence may:**

- feel frightened, confused and unhappy
- behave aggressively, become belligerent and experience conflict with other children
- be withdrawn and act fearful
- have difficulty concentrating
- become depressed or even suicidal
- feel responsible for the violence and have feelings of guilt
- exhibit self-destructive, accident-prone behaviour
- have physical complaints such as headaches or stomach aches
- have night-time difficulties such as insomnia, nightmares or bed wetting
- seek punishment with behaviours such as lying or stealing (believing punishment means love)
- adopt rigid gender role identification

  **girls** - withdrawn, passive, compliant, approval-seeking behaviour

  **boys** - aggressive, acting out, bullying and self-destructive behaviour

## Children With Special Needs

It is well documented that children with special needs have an increased vulnerability to all abuse and a heightened risk for sexual abuse.

Clearly the factors which make typical children more vulnerable to abuse will apply equally to children with developmental disabilities. However, other factors which may contribute to an increased susceptibility include:

- a child's inability to resist an assault;
- a child's inability to verbalize or communicate events;
- negative societal attitudes towards persons with disabilities where they are devalued and considered non-feeling;

- a child's extraordinary dependency on caregivers;
- a heightened denial by family members and caregivers who may believe that nobody would harm a child with special needs;
- unusual levels of family stress.

Overall, the indicators of possible abuse listed in this document pertaining to all children will apply to children with special needs. It is especially important to note when CHANGE occurs over time in the physical condition, behaviour, skills and sexual expression of the child with special needs.

**Sexually Intrusive Children**

While reports of sexually intrusive children in child care centres and family day care homes are relatively rare and this is not typical behaviour for children under five, child care practitioners have reported incidents of children behaving in sexually intrusive ways with other children.

Sexually intrusive behaviours are considerably different than the normal sexual exploration of young children with other young children. When an unusual sexual advance has been perpetrated by one child against another, the obligation to report is the same as with any other suspicion of child abuse.

Before making the decision to report, it is highly recommended that the incident be considered in relation to normal sex play. Sex play in early childhood is related to curiosity and exploration: everything related to genitals, breasts and differences between the genders and childbirth is of interest to preschoolers, and the interest can come and go. When coming across such play it is important to maintain a calm approach. Open and honest discussion about the situation is likely to encourage the child to ask questions on the subject of sex in the future. This prevents the subject from becoming taboo and provides an opportunity for the adult to teach accurate information.

The chart on Normative Child Sexual Development (see Appendix I) offers some guidance as to what to expect at various ages. While this list offers only a general catalogue of behaviours, it can be a useful guide and also can serve as a basis for discussion with parents about behaviours that are normal in young children. Sexuality is a difficult issue to discuss, and family expectations for behaviour often differ. It can be useful to obtain written information on a topic like masturbation from the local health unit or invite a speaker to give a talk at your centre on healthy sexual development in children.

When child sexual play appears to involve physical acts or vocabulary beyond the common knowledge of the preschool child, child care personnel should be alerted to the possibility of a child having experienced or witnessed inappropriate adult sexual activity. Such observations should be documented, and consultation should be sought.

## CHILD ABUSE PREVENTION MEASURES

### The Child Care Practitioner's Role in Preventing Child Abuse

Child care practitioners play a particularly important role in preventing child abuse and in identifying and reporting child abuse and neglect. This can be done through well-defined hiring practices, good personnel policies including a code of conduct, sound behaviour guidance and discipline policies, stress management practices, and an open-door communication policy with parents.

Often child abuse prevention is conceptualized in three levels. The primary level refers to taking measures to prevent the occurrence of abuse; the secondary level involves identifying abused children and intervening to prevent ongoing abuse; and the tertiary level consists of providing treatment for victims, families, and offenders to prevent the cycle of abuse. Below are steps that can be taken for each level of prevention:

**Primary Prevention includes:**

- Using child safety or prevention programs as part of the children's program. These should be well-researched before implementation;
- Supporting parents and families that may be at risk by offering information and acting as a role model;
- Using community and other resources to raise awareness and stimulate discussion and concern about this issue, including offering workshops; and
- Reaching out to the larger community and involving the staff in community efforts directed at the prevention of abuse.

**Secondary Prevention includes:**

- Keeping abreast of the legislation and protocols respecting child abuse, and also of the indicators of the various kinds of abuse;
- Ongoing communication with the local child protection agency in order to clarify roles and to maintain a relationship around seeking consultation;

- Keeping updated on new information and participating in workshops, etc. that increase professional development in this area; and
- Dealing with one's own reactions to and/or experiences of abuse can be a valuable part of developing skills to intervene in suspected abuse.

**Tertiary Prevention includes:**

- A willingness to be a part of the child's treatment in conjunction with social workers and therapists who may be involved.

## Developing Child Care Policies

The purpose of policies and procedures is to ensure a high standard of care, often with a particular emphasis on the health, safety and well-being of the children in child care.

It is a primary function of child care program/centre Boards of Directors and operators to ensure appropriate policies and procedures are in place in all areas of child care management. The child care director should have an accurate understanding of what guidelines are needed by personnel in order to maintain a high standard of care. It is also the responsibility of the child care director first to initiate policy development, next to assist staff in implementing policies, and finally to monitor and evaluate their effectiveness together with the staff.

### A. Personnel Policies and Procedures

#### I. Hiring the Best Staff

Staff are a child care program or facility's most valuable resource, and finding the best employees is fundamental to establishing and maintaining a supportive and abuse-free workplace. Well-defined hiring practices aid in the development of a qualified, responsible team of adults providing child care services. Procedures must be developed to ensure that the most qualified and most suitable people are hired.

When developing hiring policies and job descriptions, the employer should refer to provincial regulations for minimum educational qualifications and consider the kinds and number of years of experience expected. A standardized application form and interview questions for all the candidates ensures that important information is in a consistent format and facilitates the process of comparing and screening applicants. It is certainly pertinent to ask if the applicant has had any training or workshops on child abuse. Advise that a Child Abuse Register Check is mandatory in

Nova Scotia, and criminal record checks are recommended. At the end of the hiring process be sure to have an Employment Agreement which specifies the specifics of the employment (ie. salary, full or part-time, etc.), the probationary period, accountability, evaluation time-frames, and grounds for dismissal or temporary termination, in keeping with the collective agreement where a union exists,
(especially should there be an allegation of abuse against a staff person).

## II. Child Abuse Register

The Department of Community Services maintains a central Child Abuse Register within the Family and Children's Services Division, pursuant to Section 63 of the Children and Family Services Act. The Register is one means of protecting children. It is now available for screening persons who might care for or work with children, including volunteers or persons applying to adopt or foster a child.

As of March of 1998, all child care staff working directly with children are required to be screened through the Child Abuse Register - and thereafter, every three years.

Cases of physical, sexual, and/or emotional abuse by any person including a parent, guardian, or a third party towards a child under the age of sixteen years at the time of the abuse may be recorded in the central Child Abuse Register. Third party is defined as any person who is not a parent or guardian. Entries are made in the Child Abuse Register in one of three possible processes:

1. The Family Court finds that a child is in need of protective services in respect of the person within the meaning of Section 22(2)(a)- physical abuse, or 22(2)(c) - sexual abuse; or
2. The person is convicted of an offence against a child pursuant to the Criminal Code of Canada. ( Several offenses apply here ranging from sexual exploitation/assault and incest, to child abandonment).
3. The Family Court makes a finding pursuant to Section 63(3) of the Children and Family Services Act that, on the balance of probabilities, the person has abused a child. This would include incidents of physical, sexual and emotional abuse.

**A name is therefore entered on the Child Abuse Register only when there has been a Family Court finding or a criminal conviction laid.**

For more information and/or for a *Child Abuse Register - Request for a Search Application Form*, write or call:

Child Abuse Register
Family & Children's Services
Department of Community Services
P. O. Box 696
Halifax, N.S. B3J 2T7
(902) 424-6798

## III. Criminal Record Checks

Criminal Record Checks do offer some assurance that individuals who have been convicted of crimes against children will be screened out. However, it should be recognized that criminal record checks by themselves are limited in their effectiveness and should be considered as only a small part of a comprehensive approach to hiring.

Individuals wishing to have a criminal record check must show two pieces of identification, pay a fee and fill out an application form for a Criminal Records Certificate at their local police station or RCMP detachment.

*When a Criminal Record is Indicated:*
When a search reveals the presence of a criminal record, it becomes the responsibility of the operator or the individual designated by the Board of Directors to determine whether the criminal record is relevant.

The operator or the designated individual of the Board of Directors is responsible to:

- safeguard the children's right for protection;
- protect the rights of the applicant by only considering convictions relevant to child safety;
- regard this information as highly confidential and protect this document from being seen by anyone other than licensing officials.

The presence of a criminal record does not necessarily exclude an individual from being considered for positions in early childhood education.

When these offenses are considered, along with factors such as age, when the crime took place, and the circumstances at the time of the crime, the criminal record may not be relevant to the requirements of the position. Consequently, a decision not to hire an individual on the basis of the criminal record check may contravene the job applicant's human rights.

In order to determine relevancy, the reviewer and applicant need to discuss and interpret the record. The following questions are suggested in *Criminal Record Checks: Guidelines for Hiring Child Care Facility Workers* (1991):

- How long ago did this happen?
- How old was the applicant at the time of conviction and is s/he at a different stage of life now?
- What has happened since the offence?
- Does the applicant have a different life style now?
- What has the applicant done in the meantime?
- Were there any special circumstances which help to explain the crime such as temporary emotional stress or poverty?
- When the applicant talks about the offense, is s/he remorseful or does s/he imply that s/he was unlucky to get caught?

When a person is not hired or employment is ceased because of a criminal record check, the individual has a right to make a complaint under the Human Rights Act.

*Confidentiality:*

Properly safeguarding the information contained in a criminal record check is the responsibility of all personnel who have access to this information.

The following suggestions may help to ensure that records remain confidential:

- Ensure there is a designate(s) to receive and evaluate the relevancy of criminal record checks.
- Assign codes to criminal record checks; in the event that someone other than the designate needs to be informed of the content, personnel identification is confidential. This eliminates the need for names on the documents.
- Keep criminal record checks separate from personnel files in a locked cabinet. If the safety and confidentiality of criminal record checks cannot be assured within the child care setting, a safety deposit box should be considered.

*How Long to Keep the Information*:
At the end of the year, the stored criminal record or copy is to be either returned to the applicant personally or by registered mail or destroyed.

*Sealing a Criminal Record Check*:
Individuals with criminal records who have served their sentence and have shown themselves to be responsible citizens can apply for a pardon. A pardon is considered for convictions under any of Canada's laws but does not apply to those which come under provincial legislation or municipal bylaws. If granted a pardon, criminal records are sealed and may not be disclosed.

## IV. Orienting New Staff

Once the interview process is complete, references have been checked, and new staff have been hired, provide an orientation to introduce them to the position, the program, the facility, and to the children, parents, and co-workers. Employee orientation ensures that child care practitioners are familiar with both their job descriptions and all legislation relevant to the delivery of child care. Help them become acquainted with the policies, procedures and programming plans by either outlining them verbally or by providing them with a policy and procedures manual. A handbook is particularly useful as it gives everyone a common reference point and provides new employees with information that will familiarize them with the program or facility. Annual orientations should be provided for staff on the program/centre's policies and procedures, particularly those involving behaviour guidance and child abuse.

## V. Caring for the Caregiver

While working with children promises many rewarding experiences, it can also be stressful, exhausting, demanding, and can eventually lead to burn-out or inappropriate or abusive behaviour. It is the director's responsibility to create a work environment that supports and acknowledges the valuable work and contribution of staff while ensuring that they are providing the best care possible.

Caring for the caregiver involves a number of things. At the least, it means ensuring that you are meeting the minimum standards and conditions for work-week hours, for meal and break times and for maternity and other leaves. It also involves providing regular staff meetings and adequate preparation time while making provisions for the health and physical safety of the child care practitioner in the workplace.

Caring for children is a challenging and exhausting job and administrators and colleagues should be sensitive to one another's stress levels. An incident of an inappropriate, abusive form of discipline is more likely to occur if a child care practitioner is overstressed. If a child care practitioner sees that a colleague is having difficulties responding appropriately to a particular child, recognize this as a warning sign and offer support. It is wise to step in before a staff member reaches his/her breaking point. Develop within your facility or program mechanisms for supporting one another. Create opportunities for sharing, laughing and friendship amongst the staff. Plan times for fun and relaxation to balance the stress that is part of the job. This is part of team-building.

Caring for the caregiver also involves:

- paying attention to staff needs for adequate time away from children,
- preventing overcrowding and under-staffing of centres,
- having a clear behaviour guidance and discipline policy,
- providing opportunities for continuing education on child abuse prevention,
- offering activities that promote team-building, and
- supporting staff development.

## VI. Professional Ethics

A code of ethics for child care practitioners can be a useful contribution to quality care and increased professionalism. A code that guides staff behaviour can also function to protect children from abuse and to protect child care practitioners from allegations of abuse. The Child Care Professional Association Development Society of Nova Scotia is an organization dedicated to making child care in Nova Scotia a profession. In their **Code of Ethics for N.S. Child Care Practitioners,** the Association has recognized that child care practitioners are faced with ethical choices in their work related to children and their parents, their colleagues, and to the community as a whole. They have, therefore, developed a set of Guidelines for Responsible Behaviour in Child Care Practice to address these choices.

Often a Code of Conduct or Ethics will include explicit rules on how and when to touch children. Many child care practitioners want such guidelines to avoid any perception of inappropriate touching. Before adopting a code that would drastically restrict touching children, it is important to remember the following:

- Young children - and especially babies - need nurturing, caring touch in order to grow and thrive; to deprive them of this would be a form of neglect.
- Touch is a part of learning: children learn more easily from adults to whom they are emotionally attached.

- Touch can be a form of guidance, a way to prevent a child from a potentially dangerous fall, or as a reassuring reminder at a key moment.
- Adults need to model appropriate touch between themselves and with children. They need to model touch that is respectful and non-intrusive, caring, and affectionate in contrast to touch that harms and invades. This kind of modelling in itself can be part of an ongoing teaching strategy to prevent abuse.

The importance of positive touch for children, as well as the need to protect centres and child care practitioners from allegations of abuse, can become a dilemma for child care practitioners. Instead of developing staff policies that drastically reduce physical contact, it may be more beneficial to base caregiving decisions involving touch on a broader set of principles such as those included in the **Code of Ethics for N.S. Child Care Practitioners.**

## B. Behaviour Guidance and Discipline Policies

The purpose of behaviour guidance and discipline in a child care setting is to provide a safe and healthy learning and living environment in which each child can feel secure. A clear behaviour guidance policy provides a basis for communication for parents and child care practitioners on this issue, thereby minimizing the potential for false allegations. Such a policy can be part of a code of conduct that guides the behaviour of staff and lets parents know what they can expect. Early Childhood Development Services has a Behaviour Guidance Policy which can form the basis for a program or centre policy. The following guidelines may also be considered in the development of a positive child guidance policy:

- Demonstrate affection and caring to the child through appropriate forms of verbal and physical interaction.
- Maximize opportunities for appropriate and positive behaviour for the child through the program and activities and use reinforcement generously.
- Provide clear, simple, and consistent limits regarding appropriate behaviours. (Such limits will be offered in a positive manner. Harsh or belittling language will not be used at any time nor will physical punishment).
- Give verbal direction and redirection as the main means of guidance and discipline.
- Recognize and label the child's feelings in situations which may be difficult for him/her.
- Physically restrain the child only if he/she presents a physical danger either to him/herself or peers until the child feels he/she is once again in control.
- Supervise the child at all times and never remove the child to an unsupervised area as punishment.

When parents are seeking child care services, the director should outline the discipline methods used in their program or facility. Parents should be encouraged to inquire about discipline methods that are not clear to them. As partners guiding children through these key developmental years, child care practitioners and parents must work closely and openly together.

## C. General Policies and Procedures

Child care centres and programs are required to have policies in place to ensure the physical health and well-being of the children in their care. Each centre/program will have their own, individual set of policies which guide the service provided, but the following considerations are worth including in terms of child abuse prevention strategies to minimize allegations against program and centre staff:

- Ensure all of the children's records are accurate and complete. This includes emergency information, custody issues and a list of individuals who are authorized by the parents to remove the child from the facility.
- Daily attendance records are to be kept for both children and staff.
- Children should be observed when they arrive at the facility with any concerns recorded. Serious concerns will be reported to the Child Welfare Agency.
- Establish a procedure for situations in which a staff member is unable to deal appropriately with a child and to allow another staff to intervene in the situation. Sole child care practitioners are advised to have a plan for relieving stressful situations.
- Arrange the environment in such a manner so as to reduce the number of hard-to-supervise areas, balanced with children's need for privacy.
- When possible, eliminate situations in which a staff member is required to work in isolation from other staff, (e.g., nap room supervision, diapering or toileting areas).
- Develop field trip procedures that include toileting and missing child procedures, consent agreements, etc.
- Include in the program, and name in the policy, any abuse prevention curriculums designed for young children which you might use.
- Establish a procedure for appropriate intervention when children are engaging in sexual play.
- Ensure a procedure is in place when a child does disclose abuse or a suspicion is raised and that all staff are familiar with policies respecting abuse.

## D. Parent Communication Policy

It is highly recommended that centres/programs develop policies related to parent communication which may be included in a parent manual. Having good communication and a positive relationship with parents is probably one of the best ways child care practitioners can prevent unfounded allegations of abuse. Good communication between a child care practitioner and parents creates a climate of trust, helps build constructive relationships with families, and helps to prevent misunderstandings and miscommunication.

To keep relations with parents positive it is important to speak with parents daily as they drop off and pick up their children. Share positive and humorous stories on a regular basis. When appropriate, tell parents about activities their child enjoys, activities that the child does well, and discipline techniques that elicited positive responses from the child. Informal conversations improve relations and also give child care practitioners a chance to learn more about each child as parents are experts on their own children, especially concerning their personality and history, home-life and culture.

Child care practitioners should learn to recognize signs of stress in parents. Short tempers, fatigue, disorganization, and late pick-ups are all signs of stress. It is important to try to create an atmosphere which encourages stressed parents to feel comfortable relating their concerns.

Centres will find it helpful to establish a procedure for parents to use when they have a concern. Policies of open communication and parent support give parents the opportunities to relate concerns without making frantic or unjust accusations. Establishing an "Open Door Communication Policy" for parents is an excellent way of enhancing relationships with parents and reducing the chance that parents will make either malicious allegations or allegations of abuse based on misunderstandings. An example of an Open Door Communication Policy is found at the end of this document, Appendix II. Please feel free to post this in your facility or to use it as a guide for creating your own policies.

It is recommended that parents be informed of all policies upon registration, but particularly those related to behaviour guidance and child abuse. Parents should be kept informed of any change in practices or procedures and should be reminded regularly of those in effect and the reasons for them.

## PROCEDURES FOR RESPONDING TO ALLEGATIONS OF ABUSE THAT HAS OCCURRED OUTSIDE THE CHILD CARE CENTRE

When drafting policies respecting child abuse, directors and operators of early childhood settings can refer to the Family Violence Prevention Initiative Manual (1994) and/or the Department of Community Service's Reporting and Investigating Allegations of Abuse and Neglect: A Protocol for Staff Working in Regulated Early Childhood Settings and Child Welfare Agencies.

Child care practitioners may wish to meet with local representatives of Family & Children's Services or the Department of Community Services office on a regular basis to review policies and procedures and to keep current on any changes that may affect reporting procedures. Department staff may be willing to come to the centre to deliver workshops on child abuse.

### What to do when you suspect abuse

It is reasonable to suspect abuse if a child is showing behaviours associated with abuse or has suspicious physical symptoms, even if the child has not disclosed abuse. (See Indicators, page 3.)

**TRUST your feelings.** Trust your professional knowledge of children combined with your knowledge of individual children when evaluating suspicious cases.

**REPORT your suspicions and concerns.** Contact the staff at the nearest Child Welfare Agency to report. Follow directions in the Protocol and in the section *How to make a report* on page 21 of this document. If possible, report early in the day to provide the child protection worker and police time to consult and develop a plan of action. **DO NOT** discuss your suspicions with the child's parents, unless specifically directed to do so by the staff of the Child Welfare Agency or by the police. Such discussion with the family might place the child in greater risk. The offender may be someone within the family or someone the family has reason to protect. **Every effort will be made to notify parents as soon as is possible.**

**You may first wish to CONSULT.** Intake Workers at your local Child Welfare Agency may be consulted to determine whether the information constitutes reasonable grounds for action and is reportable under the CHILDREN AND FAMILY SERVICES ACT. (See Appendix III of the PROTOCOL for the Child Welfare Agency in your region). Callers will provide their names, the name of the centre and as much detail as possible. Where identifying information, ie. the name

of the child, etc., as per the Child Abuse Report Form, is not provided, the phone call does not constitute a *REPORT* under the CHILDREN AND FAMILY SERVICES ACT. The child protection intake worker will confirm the status of the call as either a "consult" or a "reported referral". Whether a report is made or not, this information will remain confidential. Where a report is **not** made, the child care practitioner shall: a) document the consultation, the date, and the nature of the concern for inclusion in the child's file, and b) inform the child's parents of the incident.

## What to do when a child discloses abuse

**Believe the child.**

**Listen and respond openly and calmly. Put your own feelings aside.**

**Give your full attention to the child.**

**Acknowledge what the child is telling you, and thank him or her for sharing.**

**Do not ask leading questions (eg. Did this happen to you everyday?). If clarifying information is needed, ask open-ended questions such as, "What happened next?"**

**If the disclosure occurs during group time:**

- Acknowledge the statement and redirect the discussion to avoid a "show and tell" situation.
- Finish the activity as quickly as possible or discreetly arrange for another staff person to take over for you, where possible.

**Write down** what the child said, recording his or her exact words. Record the time and date. If the child cannot be discouraged from discussing the abuse, make notes of what the child says as s/he is talking or immediately thereafter. Sign the documentation. If two staff heard the child's statement, both should sign the record.

**Reassure the child.** Tell the child, "It's not your fault"; "I'm glad you told me"; "You did the right thing"; and "I will try to help you."

**Do not promise that you will keep the child's secret** if asked to do so as this is likely not possible.

**Report the disclosure immediately to the nearest Child Welfare Agency. See the Protocol and also page 21 of this document - *How to Make a Report.* Do not contact the parents** even if there has been direct disclosure identifying an offender outside of the child's family, unless advised to do so by the staff of the Child Welfare Agency. **REMEMBER, IT IS NOT THE CHILD CARE PRACTITIONER'S ROLE TO INTERVIEW THE CHILD TO PROVE CHILD ABUSE.**

Making a report and becoming involved in an investigation of child abuse is never easy, but we must always remember that IF NO ACTION IS TAKEN, THERE MAY BE SERIOUS CONSEQUENCES FOR THE CHILD. Violence against children naturally generates intense emotional strain with reactions ranging from disgust and anger to helplessness and distress. Fear of making a mistake can stop us from reporting suspected abuse, as can fear of recrimination and fear that the child may be removed from the home. In this very difficult time, it is important for those who care for abused children to identify and honestly accept all of these emotions and reactions and to seek support, if necessary, from other professionals in the community, colleagues or family. If our strong reactions are resolved and constructively channelled, our ability to help with objectivity and sensitivity will be enhanced.

## How to make a report

The responsibility for reporting suspected or disclosed abuse rests with the child care practitioner who has received the disclosure or who suspects that abuse is occurring. This responsibility can only be discharged first by reporting **directly** to an intake worker at a Child Welfare Agency. Informing the director of the child care centre or program shall be done as soon as possible **after** the report has been made.

Child Welfare Agencies are mandated to ensure that intake workers are available to receive reports of child abuse and neglect. After normal business hours and on weekends and statutory holidays, call the toll-free 24-hour Help line for children at 1-800 420-8336. The report will be relayed to a local on-call intake worker if there is need for an immediate response for the child's protection; otherwise, the message will be relayed to the local agency or office as soon as possible.

See Appendix III of the PROTOCOL for a list of Child Welfare Agencies (eg. Family and Children Services, Children's Aid Societies and District Offices for the Department of Community Services) in Nova Scotia.

When you contact a Child Welfare Agency, have available all relevant information you may need during the call, as per the *Child Abuse Report Form* found in Appendix I of the provincial

PROTOCOL. **( Blank copies of the Child Abuse Report Form must be made available and readily accessible to all staff in the centre or program).** This identifying information includes:

- the date, your name, the child care setting's name, address and telephone number,
- the child's name, birth date, address;
- the name(s) of the parents(s) or guardian(s) home and work telephone numbers;
- the name and telephone number of the family physician;
- the time the child usually arrives and departs;
- a brief statement of your observation and concerns;
- have on hand your notes of what the child said, if s/he made a disclosure of abuse.

## What happens when a report is made

The intake worker on duty takes the information received from the caller, and uses this to determine the initial urgency of the report. It is important that the caller give full and accurate details to help the social worker make an informed decision, especially concerning the child's immediate safety. The use of the Child Abuse Report Form will be very helpful when providing the specific details of the report. A copy of the Child Abuse Report Form must be forwarded to the intake social worker following the verbal report.

If it appears that physical or sexual abuse has occurred, the child protection worker must contact the police immediately. Physical and sexual abuse of a child and withholding the necessities of life from a child are criminal offenses. Police will intervene at this point, together with a child protection worker, in a joint investigative process, to enforce the criminal law. **Even when a child care practitioner suspecting abuse contacts the police, it remains his/her duty to report the abuse to a Child Welfare Agency.**

## Interviewing the child

Depending on the level of risk involved to the child of the alleged abuse or neglect, the response time will vary. If there is reason to believe that there has been a criminal offence, a police officer may see and interview the child at the same time as the child protection social worker. A joint interview is best in order to prevent subjecting the child to repeated interviews. The child could be seen or interviewed by the child protection worker/investigative team within a range of 1 hour to 21 days of the report. The child protection worker/investigative team is responsible for informing the child of the steps that will be taken, for conducting the interview, and for arranging where the interview shall take place. Child care practitioners should cooperate fully with the child protection worker/investigative team and attend the interview as the "trusted adult", only if requested. This is rare but may occur under the following conditions:

- the child has told the adult about the abuse/neglect, and
- the social worker determines that the child will be more comfortable with the third party's presence, and
- the child requests the third party's presence.

If the trusted adult is to be present, he or she will be seated behind the child, in order to keep from influencing the child. This individual is an observer unless requested to speak by the child protection worker or police.

If the interview is to be conducted in the child care facility:

- The room must be private, comfortable and non-threatening, with enough space to accommodate four people.
- It is recommended that interviews be videotaped and/or audiotaped. The child protection worker will make necessary arrangements for recording the interview.
- The director should ensure that there are no interruptions during the interview.

Interviews rarely occur in a child care setting except in smaller communities. In larger communities, interviews may be conducted in the police station or in a child welfare office in a family living room setting. The interview may be videotaped or audiotaped, and this tape can be submitted as evidence in court.

## Taking the child into care

Though it seldom happens, it may be necessary to take the child into care directly from the centre or family day care home. In this event, the child protection worker must serve official notice called "A Notice of Taking" to remove the child since child care staff have physical care of the child while s/he is in the child care setting. Child protection workers should present this official document to the director of the child care centre and staff identification when undertaking an apprehension.

If a child is apprehended, it is the responsibility of the child protection authority to notify parents and/or guardians and serve an identical "Notice of Taking", prior to the time that the parents, guardian or other person normally arrives at the child care facility to pick up the child. If, for some reason, the agency representative is unable to reach the parent/guardian before their expected arrival at the child care facility, the agency representative should meet the parent/guardian at the child care facility.

## Medical examination

A medical examination will be arranged by the child protection worker if injuries are present or suspected. The health and safety of the alleged victim is always the first consideration.

## Contact with the non-offending parent, family member or guardian

The child protection worker will contact the non-offending person closest to the child as soon as possible and will keep this person, as well as the child (where appropriate), informed of the steps that will be taken. This contact is meant to lend support and to inform the parent/guardian about the investigative process. It is often possible and preferred that the child will stay in his/her own home with family, provided that the suspected offender no longer has any unauthorized contact with the child. Where the suspected offender remains in the child's home, the child protection worker may apprehend the child and place the child in a foster home or with other family members.

## Contact with the suspected offender

Depending on the nature of the investigation, contact will be made with the suspected offender by either the police or the Child Welfare Agency.

## A word about record handling and confidentiality

Becoming involved in an alleged case of child abuse means having access to highly confidential information.

When the incidents have been documented and forms have been filled out in the interest of accurate reporting, this information must be kept in a secured location, accessible only to the person(s) making the report or to the investigators.

Any written records, notations or reports related to an investigation are confidential and are not to be placed in the child's regular or cumulative record or in any other way allowed to become known to persons who have no legitimate need for such information. A separate CONFIDENTIAL file may be opened to hold such documentation. The police or agency involved in the case have access to this file. Any files or staff notes relating to the case can be subpoenaed as "evidence" by either the police or agency. Such documentation must include the date of notation and the recorder's initials. Content should be accurate and filed in chronological order.

The agency involved may request that additional documentation and records be kept during the process of an investigation. The agency should be asked to make such a request in writing, and

a copy of all documents should be kept on file at the centre as well. Since such a confidential file is not a part of the child information records required by regulation, it is not subject to the regulation calling for documentation to be kept for a period of two years. It is recommended that centres consult with the Child Welfare Agency before discarding any such files.

## The investigation and the aftermath

If a criminal investigation takes place or if the agency finds that the family cannot care for the child and a *protection proceeding* takes place, then the child care practitioner who reported may be required to testify in court. Because cases often come to court long after the incident/report occurred, clearly documented information at the time of reporting will make organizing and presenting evidence at a later date much easier. The referral source and other child care staff may also be interviewed as part of the investigative process.

Child care practitioners must be able to understand and recognize the impact of violence and abuse on children. Child care staff alone cannot provide help to children affected by abuse but as front-line workers, their role is critical. Strategies must be developed within each centre to help children, families and child care staff cope with violence and abuse. Depending on the individual circumstances of the case, child protection staff may be available for follow-up and consultative support.

Helping children process the trauma in the aftermath is one of the tasks before child care practitioners. Affirm, support and reassure children that they are not responsible for the abuse or violence. Understanding that children will need to grieve, for example, over:

- the possible loss of a parent or other individual charged with the abuse who has been denied access; and,
- the fact that they may have had to leave their home, their neighbourhood, their toys and their friends to avoid the violence.

The child care practitioner may have to continue to work with a child when the threat of abuse is ongoing. A chronically violent or abusive home environment leads to chronic unrelieved stress for the child. Because all children are part of families, the early childhood educator may become involved in support that extends beyond the child.

## PROCEDURES FOR RESPONDING TO ALLEGATIONS OF ABUSE INSIDE THE CHILD CARE CENTRE OR FAMILY DAY CARE HOME [Section 25(1) and (2) of the *Children and Family Services Act*]

### Policies for responding to abuse allegations

It is recommended that child care operators, boards and directors establish policies and procedures with respect to a child care practitioner under suspicion or investigation. This is not an easy task and many decisions must be made in preparation for dealing with such a sensitive issue, however, the more thorough your guidelines are, the better equipped you will be if ever your centre or program was placed in a position of having to handle a suspicion or investigation of abuse by a staff member or family day care provider. Please note that the Department of Community Service's personnel policy requires that staff of the department who are under investigation be relieved of their duties at the workplace or redeployed until the outcome of the report and investigation suggests otherwise.

When abuse or neglect is alleged to have occurred in a child care centre or program licensed under Nova Scotia's Day Care Act and Regulations, the person having knowledge of the abuse must report to the Child Welfare Agency or Community Services District Office nearest to the child care setting, as well as to Early Childhood Development Services. The duty to report rests with the person who has information about the alleged child abuse.

It is important for all child care practitioners to understand that interviews with child welfare representatives and the police are strictly confidential and must not be discussed with other employees of the centre, students, parents, or members of the public except on a need-to-know basis.

If a child care practitioner, director, or casual employee is under investigation for alleged child abuse, it is important to have policies in place that can address the safety of the children and protect the rights of the employee. However, the protection of the child is the single most important concern. Policies and procedures that are developed must be in keeping with the Department of Community Services Reporting and Investigating Allegations of Abuse and Neglect: A Protocol for Staff Working in Regulated Early Childhood Care Settings and Child Welfare Agencies.

The following are options to be considered when drafting policies for responding to abuse allegations in an early childhood setting:

- Child care directors should ensure that a delegate is designated to act in his/her place in the event that the director is unavailable when the report is made or that the allegation is against the director. This person may be the owner/operator, an assistant director, another staff member, the Board Chair, or a member of the Board.
- It is recommended that the person informing the suspected child care employee should simply state that an allegation of abuse has been made and that the appropriate reporting has taken place. Information or opinions about the allegation should not be given.
- Inform the employee that the Child Welfare Agency or Community Services Districe Office is required to investigate all allegations of abuse in licensed child care facilities and programs.
- Do not discuss the alleged incident.
- Maintain confidentiality. Information concerning allegations should not be shared with anyone who is not directly involved in the investigation.
- Please be warned. Discussing an allegation with other individuals leaves you open to liability for slander. A suspected child care practitioner should not face the loss of reputation in the field while under investigation.

## When an allegation is made

Allegations against a child care practitioner are most often made by children, by parents or by other child care practitioners. If you suspect a colleague of abuse or if any child discloses to you that another staff member has been abusive, you have a legal obligation to report. If a parent informs you of his or her suspicion that another staff member has abused a child, inform the parent that she or he must report the information to the Child Welfare Agency child protection worker. Encourage the parent to make the report at once. Tell the parent that now that you are privy to this information, you are obliged to also report the allegation to the Child Welfare Agency.

It is not the responsibility of employees, the board of directors, or the director of a child care setting to investigate if abuse has occurred. This investigation is the responsibility of the Child Welfare Agency representative or the police , who will also take responsibility for immediately notifying the parent(s) in question.

Always remember that if there is some doubt about whether or not to report, a social worker from the Child Welfare Agency may be called tc discuss the situation. This person can help you decide if a report should be made. This consultation will not constitute a report however unless identifying information as per the Child Abuse Report Form is shared with the intake worker at the Child Welfare Agency. ***If a report is not made it becomes the responsibility of the child care program to inform parents of the incident.***

The following checklist was adapted from Child Abuse: How to Handle Allegations Against the Child Care Provider (1992) published by the Manitoba Child Care Association.

*If the disclosure is by a child in attendance at the child care setting the reporting process is:*

- Assure the child you will help him or her.
- Record the incident on the Child Abuse Report Form (Appendix 1, PROTOCOL).
- Report directly to the Child Welfare Agency social worker.
- Inform the director immediately if the director is not the alleged abuser. If the allegations are against the director, the assigned delegate who may be the chairperson of the board or the operator/owner of the centre, must be notified immediately.
- Notify Early Childhood Development Services that a report has been made.
- The child protection social worker will advise of next steps and will notify the parent(s)/guardian.

*If the allegation is made by a parent the reporting process is:*

- Inform the parent of her/his duty to report, and encourage the parent to report directly to the Child Welfare Agency in the area. Inform the parent that you must also make the report.
- Record the incident on the Child Abuse Report Form.
- Report directly to the Child Welfare Agency intake worker.
- The director should be informed immediately that a report has been made.
- If the director is the subject of the allegation, the child care practitioner should report the allegation to the director's delegate, who may be the chairperson of the board, the operator/owner of the centre, another staff person, etc.
- Notify Early Childhood Development Services.
- The child protection social worker will advise of next steps and will notify the parent(s)/guardian.

*If a child care practitioner has witnessed abuse of a child by a colleague:*

- Record the incident on the *Child Abuse Report Form.*
- Report on the same day directly to the Child Welfare Agency and to Early Childhood Development Services.
- Notify the director immediately.
- If the director is the suspected party, his/her delegate should be notified immediately.
- The child protection social worker will advise of next steps and will notify the parent(s)/guardian.

***In all cases, confidentiality must be maintained. Allegations must not be discussed with any individuals other than those involved in the investigative process.***

## The investigative process

It is imperative that, from the beginning of the investigation, those involved in a report record every contact and conversation pertaining to the investigation. Include in the notes the time, dates and details of all exchanges with investigators, board members, and other employees. Be specific and accurate in these records. Should an appeal be necessary, this information will be beneficial.

When a report is filed with the Child Welfare Agency regarding allegations of abuse against a child care practitioner within a licensed facility or family day care home the report will be treated as a Priority 1 Response (Appendix II of the Protocol) by the child protection worker and the parent of the alleged victim will be immediately notified. There are two possibilities for action:

***Option A:*** If the nature of the complaint is not considered to fall under the criminal code, the Child Welfare Agency child protection worker will make initial contact with the operator of the centre or child care director to further assess the situation. If more information is needed, parents, children and other employees may be interviewed.

When information has been gathered and the interview process has been completed, then the suspected child care practitioner will be informed of the nature of the allegation. The suspected employee does not have to participate in any interview.

***Option B:*** If it is determined that there is reason to conduct a criminal investigation, the police will make the first contact with the suspected employee. Upon this initial contact, the suspected employee will be informed of the right to consult with a lawyer and may have legal counsel present at any interview.

## The police investigation

The purpose of the police investigation is to gather substantial evidence for a criminal court case. The Charter of Rights guarantees that citizens have the right to say nothing to the police. The accused person need not submit to an interview. It is in the best interest of, and the legal right of the suspected individual, to have legal counsel present at all interviews.

## What happens if charges are not laid following a report and investigation of alleged child abuse?

It is the primary responsibility of the criminal justice system, ie. the courts, crown, police, to protect society from harmful acts and to set forth consequences for offenders. When a child has been abused, there is an ongoing responsibility to ensure protection for the child and to prevent the abuser from continuing any further abusive behaviour toward a child and any other children. The offender is held accountable for his/her actions. To convict the accused, the criminal justice

court must be convinced "beyond reasonable doubt" that the evidence shows that the accused committed the crime as described in the criminal code. If there is a reasonable doubt that the accused committed the offence, the judge and the jury, in cases where there is one, must acquit the accused. Therefore, based on the nature and extent of the evidence which emerges during the course of the investigation, charges may be laid or not laid, the case may be prosecuted or not prosecuted.

A person who makes a report of suspected abuse cannot be prosecuted if the report is made in good faith, even if the allegation is proven to be unfounded or does not result in charges being laid by the police. Innocence on the part of the suspected individual cannot be assumed on the basis that allegations were unfounded and that no charges were laid. A report made by someone who genuinely believes that abuse has occurred is different from a report made by someone who falsifies a report with malicious intent. A person can only be charged with an offence if they file a false report with malicious intentions.

The family/guardian of the child alleged to have been abused will be advised, in a timely fashion and respecting the family's right to know, by the investigating team as to the police intent to:

- proceed to a court action; or
- not proceed because of certain difficulties with the testimony that would make a conviction unlikely; or
- not proceed because they feel there is no basis to the allegation.

The family/guardian may be advised of any of the factors that lead to one of the above decisions. The parents should be informed of what the child care program or centre's plans are, eg.; What will happen to the suspected person? If the child has not been attending child care during the time of the investigation, is it alright for the child to return?

The stresses of an investigation are tremendous on the individual being investigated as well as on all of the staff. Support, mediation or counselling services should be considered and made available whenever they are needed for all staff.

**Appendix I**

## Normative Child Sexual Development

**BIRTH THROUGH 2.5 YEARS**

- shows interest in different postures of boys and girls when urinating
- is curious about physical differences between sexes
- begins to explore genitals

**3-4 YEARS**

- verbally expresses interest in physical differences
- girls might attempt to urinate standing up
- calling of names related to elimination
- body exploration with other children of both sexes is common
- very conscious of the naval
- under social stress may grasp genitals and may need to urinate
- may demand privacy for self but be very interested in bathroom activity of others
- begins identification with same sex parents

**5 YEARS**

- less sex play and game of "show"
- mutual body exploration with same sex is common
- reinforcement of gender identity continues
- feelings toward opposite sex becomes more ambivalent
- more modest and less exposing of self

**6-7 YEARS**

- marked awareness of and interest in differences between sexes in body structure
- may play hospital and take rectal temperatures
- questioning
- mild sex play or exhibitionism in play or in school toilets
- mutual body exploration with same sex

**8-12 YEARS: SCHOOL AGE**

- by the end of this period, children generally have reasonable knowledge of sexual issues and information - peers, school, reading, parents, etc.
- developing an interest in opposite sex - most noticeable in girls
- girls are developing secondary sex characteristics, and many girls have begun to menstruate by age 12
- aware of social "rules" regarding issues of sex

**NOTE: It is normal for children to self-stimulate at any of these ages.**

When considering childhood sexuality, it is important to keep in mind that young children are naturally curious about everything. They are certainly no less curious about matters related to sex than any other area of their lives. Children are generally beginning to recognize the differences in sexes by the age of two years. They begin to identify themselves with one sex or the other, though their understanding is most often related to outward appearance rather than physical differences. The basic understanding of physical difference is usually evident by the age of four. Of course, as with any aspect of children's lives, their knowledge is reliant upon experience. For example, if it has been pointed out to a three-year old that a boy has a penis and a girl has a vagina, they may be able to repeat this information, but their understanding of the significance would be very limited.

In the period between 18 months and three years, children are generally freed from their diapers and may more obviously begin to explore their bodies. They are often seen rubbing their genitals. This very early masturbation is very typical and is not at all unusual. How the adults in the environment respond to this activity is certainly what often makes masturbation an issue for the child. There are almost as many views on what adults consider "natural" and "appropriate" as there are adults. Children most likely do not give the act much consideration, as to them, it is simply a matter of pleasurable sensation and exploration. Masturbation can be a "comfort" to the child, just as thumb sucking, rocking or rubbing a soft blanket against the skin are comfort habits. However, considering social perspectives, it is generally not considered appropriate or allowed to continue under normal exploration. The pleasures of masturbation are generally learned incidentally through normal exploration. The child has limited knowledge of the social implications of the act (until informed) nor do they connect a sexual meaning to it as an adult might, for example, they do not connect sexual fantasy to the act. Indeed, what is considered "sexual" or "sexy" varies from culture to culture and thus must surely be learned.

Children, by the age of four, generally recognize that sexual activities are viewed differently than other aspects of their lives. Four year olds may involve themselves in sex talk and sex play. The power of words and play continues to be of interest through to the age of 9 or 10, by which time most children have developed an understanding of the significance of sexual issues. Around the age of 5 - 7, children not only understand that these activities are viewed differently, but also that there are social taboos connected to sex talk and play. Most often by this age they attempt to keep exploration out of the adults view. In childhood, sex play is a common and normal behaviour.

Adults should become concerned when a child seems more interested in sexuality than other aspects of his/her life. This in itself is not a clear indicator of sexual abuse but certainly should be of some concern. More indicators of sexual abuse are found in **Indicators of Possible Abuse or Neglect**, Province of Nova Scotia, as well as in Toni Cavanagh Johnson's **Behaviours Related to Sex and Sexuality in Kindergarten Through Fourth Grade**.

It is important to remember that the range of normal behaviour is extremely wide and is influenced by a multitude of factors. A child's knowledge of adult sexual behaviour varies according to parental views, media exposure, sibling and peer group knowledge, and so forth. It is also relevant to note that the names for body parts and bodily functions are often specific to families and thus might not be obvious to outsiders.

Having said that, knowledge varies, as it certainly does, it is also important to remember the developmental limitations of young children's understanding. Young children who are victims of sexual abuse may not recognize their situation as unique. This lack of recognition may be related to the preschoolers egocentric view of how the world works, their lack of information from outside sources, or indeed a combination of both.

# Behaviours Related to Sex and Sexuality in Preschool Children

Toni Cavanagh Johnson, Ph.D., Licensed Clinical Psychologist
1101 Fremont Avenue, Suite 101
South Pasadena, California 91030
Tel: (626) 799-4522 Fax: (818) 790-0139

The following chart attempts to describe behaviours which relate to sex and sexuality of preschool children of normal intelligence. Available literature and empirical data on child sexuality have been studied, and consultation with hundreds of professionals, parents and child care providers has been sought to prepare this chart. It is a first step in defining behaviours related to sex and sexuality which are within the normal range, behaviours which raise concern and behaviours which require immediate assessment and intervention. This chart is not meant for use in the assessment of child sexual abuse. Comments and suggestions are invited by the author.

The behaviours in the first column are those which are in the normal range. This range is wide and not all children will engage in all of the behaviours; some children may engage in none while some may only do one or two. There will be differences due to the child's interest and the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos and pictures. The child's parents' attitudes and values will influence the child's behaviours.

The second column describes behaviours which are seen in some children who are overly concerned about sexuality, children who lack adequate supervision and other children who have been, or are currently being, sexually molested or maltreated.

When a child shows several of these behaviours, a consultation with a professional is advised.

The third column describes behaviours which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually abused or maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child's ability to integrate it, and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought.

## Sex Play is Within Normal Range of Childhood Behaviour

All aspects of normal sex and sexuality for preschool children are related to curiosity and exploration. Preschoolers are trying to find out about the world, how it smells, tastes, works, sounds and feels. Everything related to the genitals, breasts, differences between males and females and procreation are subjects of preschoolers exploration and curiosity. This interest comes and goes.

## Areas of Concern

Concern arises when the child focuses on sexuality to a greater extent than 1) other areas of the child's environment, or 2) other developmentally matched peers. Interest in sex and sexuality should be in balance with the curiosity and exploration of all other aspects of the child's life. When a child is admonished about certain sexual behaviours yet continues, this raises concern. When a child shows several behaviours which are of concern, professional advice is recommended.

## When To Seek Professional Help

When there is secrecy, anger, anxiety, tension, fear, coercion, force or compulsive interest and activity related to sex and sexuality, professional advice should be sought.

**Behaviours Related to Sex and Sexuality in Preschool Children**

| Normal Range | Of Concern | Seek Professional Help |
|---|---|---|
| Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid. | Continues to touch/rub genitals in public after being told many times not to do this. | Touches/rubs self in public or in private to the exclusion of normal childhood activities. |
| Explores differences between males and females, boys and girls. | Continuous questions about genital differences after all questions have been answered. | Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex. |
| Touches the genitals, breasts of familiar adults and children. | Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself. | Sneakily touches adults. Makes other allow touching, demands touching of self. |
| Takes advantage of opportunity to look at nude persons. | Stares at nude persons even after having seen many persons nude. | Asks people to take off their clothes. Tries to forcibly undress people. |
| Asks about the genitals, breasts, intercourse, babies. | Keeps asking people even after parent has answered questions at age appropriate level. | Asks strangers after parent has answered. Sexual knowledge too great for age. |
| Erections | Continuous erections | Painful erections |
| Likes to be nude. May show others his/her genitals. | Wants to be nude in public after the parent says "no". | Refuses to put on clothes. Secretly shows self in public after many scoldings. |
| Interested in watching people doing bathroom functions. | Interest in watching bathroom functions does not wane in days/ weeks. | Refuses to leave people alone in bathroom, forces way into bathroom. |
| Interested in having/birthing a baby. | Boys interest does not wane after several days/weeks of play about babies. | Displays fear or anger about babies, birthing or intercourse. |
| Uses "dirty" words for bathroom and sexual functions. | Continues to use "dirty" words at home after parent says "no". | Uses "dirty" words in public and at home after many scoldings. |
| Interested in own feces. | Smears feces on walls or floor more than one time. | Repeatedly plays or smears feces after scolding. |
| Plays doctor inspecting others' bodies. | Frequently plays doctor after being told "no". | Forces child to play doctor, to take off clothes. |
| Puts something in the genitals or rectum of self or other due to curiosity or exploration. | Puts something in genitals or rectum of self or other child after being told "no". | Any coercion or force in putting something in genitals or rectum of other child. |
| Plays house, may simulate all roles of mommy and daddy. | Humping other children with clothes on. | Simulated or real intercourse with another nude child. |

**Behaviours Related to Sex and Sexuality**
**In Kindergarten Through Fourth Grade Children**

Toni Cavanagh Johnson, Ph.D.
Licensed Clinical Psychologist

---

The following chart attempts to describe behaviours which relate to sex and sexuality of children of normal intelligence in kindergarten through fourth grade. Available literature and empirical data on child sexuality have been studied, and consultation with hundreds of mental health professionals, parents and child care providers has been sought to prepare this chart. It is a first step in defining behaviours related to sex and sexuality which are within the normal range, behaviours which raise concern and behaviours which require immediate consultation. This chart is not meant for use in the assessment of child sexual abuse. Comments and suggestions are invited by the author.

The behaviours in the first column are those which are in the normal range. This range is wide and not all children will engage in all of the behaviour; some children may engage in none while some many only do one or two. There will be differences due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos, pictures and the child's level of interest. The child's parents' attitudes and values will influence the child's behaviours.

The second column describes behaviours which are seen in some children who are overly concerned about sexuality, children who lack adequate supervision and other children who have been, or are currently being, sexually molested or maltreated.

When a child shows several of these behaviours, a consultation with a professional is advised.

The third column describes behaviours which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually abused or maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child's ability to integrate it, and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought.

**Sex Play**

Children in kindergarten through fourth grade are trying to understand their bodies, their abilities, how to make friends and what life is all about. The world is a marvellous place full of things to learn and explore, amongst these are sex and sexuality. Everything related to sex and sexuality, including the genitals, breasts, differences between males and females, love, marriage, intercourse, dirty books and pictures, dancing, hugging, touching, etc., are the objects of great curiosity. Young school-age children are often very active in their exploration of these topics. At times children engage in solitary sexual behaviours, at other times, similar-age children engage in exploratory behaviour together or make up games involving sexual themes in which groups of children engage together. Curiosity about sex is natural and is engaged in with liveliness and good humour. Children engaged in sex play mutually agree to participate and are generally giggly and silly. When one child wants to stop, the other/s stop also. If discovered in sexual behaviours, a child may feel guilty or ashamed, but this passes, if the adult treats it as normal.

**Areas of Concern**

Concern arises when the child focuses on sex and sexuality to a greater extent than 1) other areas of the child's environment, or 2) his or her peers. Sexual interest should be in balance with the curiosity and exploration of all other aspects of the child's life. Most sexual behaviours related to "looking and touching" go underground or stop as children learn that many adults are unaccepting of much of their overt exploration and curiosity. When a child continues to do sexual things in the view of adults who say "no", this raises concern. Most sexual behaviours by young school-aged children are engaged in with children of similar age; usually within a year or so, younger of older, of their own age. The wider the age range between children engaged in sexual behaviours, the greater the concern. Sex play usually occurs between friends and playmates. A child who keeps asking unfamiliar children or children who are uninterested to engage in sexual activity, raises concern. Children who appear anxious, tense, confused about sexual issues, or who are continuously involved in sexual activity, or children who do not understand others' admonitions against overt sexual behaviour, also raise concern. If a child shows several behaviours which are of concern, professional advice is recommended.

**When to Seek Professional Consultation**

Generally, there is little concern about peer sexual exploration yet there can be manipulation and coercion between same-aged peers. When assessing peer sexual behaviours which are considered problematic, the every day relationship between the children is the best measure of how the children interact. If a child is regularly aggressive and controlling in interactions with other children, this relationship may be the same when sexual behaviours are occurring. Sexual behaviours between children where one is pressuring the other to engage in the behaviours can be very serious. If other children repeatedly complain about a child's sexual behaviour even after the child has been spoken to, an assessment by a professional is advisable.

When there is anger, anxiety, tension, fear, coercion, manipulation, force or ongoing compulsive interest and activity related to sex and sexuality, professional advice should be sought.

**Behaviours Related to Sex and Sexuality**
**In Young School-Age Children**

| Normal Range | Of Concern | Seek Professional Help |
|---|---|---|
| Asks about the genitals | Shows fear or anxiety about sexual topics | Endless questions about sex. Sexual knowledge too great for age. |
| Interested in watching/peeking at people doing bathroom functions. | Keeps getting caught watching/peeking at others doing bathroom functions. | Refuses to leave people alone in bathroom. |
| Uses "dirty" words for bathroom functions, genitals and sex. | Continues to use "dirty" words with adults after parent says "no" and punishes. | Continues use of "dirty" words even after exclusion from school and activities. |
| Plays doctor, inspecting others' bodies | Frequently plays doctor and gets caught after being told "no". | Forces child to play doctor, to take off clothes. |
| Boys and girls are interested in having/birthing a baby. | Boy keeps making believe he is having a baby after month/s. | Displays fear or anger about babies or intercourse. |
| Show others his/her genitals. | Wants to be nude in public after the parent says "no" and punishes child. | Refuses to put on clothes. Exposes self in public after many scoldings. |
| Interest in urination and defecation. | Plays with feces. Purposely urinates on floor. | Repeatedly plays or smears feces. Urinates on furniture on purpose. |
| Touches/rubs own genitals when going to sleep, when tense, excited or afraid. | Continues to touch/rub genitals in public after being told "no". Masturbates on furniture or with objects. | Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people. |
| Plays house, may simulate all roles of mommy and daddy. | Humping other children with clothes on. Imitates sexual behaviour with doll/stuffed toy. | Humping naked. Intercourse with another child. Forcing sex on other child. |
| Thinks other sex children are "gross" or have "cooties". Chases them. | Uses "dirty" language when other children *really* complain. | Uses bad language against other child's family. Hurts other sex children. |
| Talks about sex with friends. Talks about having a girl/boy friend. | Sex talk gets child in trouble. Gets upset with public displays of affection. | Talks about sex and sexual acts alot. Repeatedly in trouble in regard to sexual behaviour. |
| Wants privacy when in bathroom or changing clothes. | Becomes very upset when seen changing clothes. | Aggressive or tearful in demand for privacy. |
| Likes to hear and tell "dirty" jokes. | Keeps getting caught telling "dirty" jokes. Makes sexual sounds, e.g. moans. | Still tells "dirty" jokes even after exclusion from school and activities. |
| Looks at nude pictures. | Continuous fascination with nude pictures. | Wants to masturbate to nude pictures or display them. |
| Plays games with same-aged children related to sex and sexuality. | Wants to play games with much younger children related to sex and sexuality. | Forces others to play games related to sex and sexuality. Group forces child/ren to play. |

**Behaviours Related to Sex and Sexuality**
**In Young School-Age Children**

| Normal Range | Of Concern | Seek Professional Help |
|---|---|---|
| Draws genitals on human figures. | Draws genitals on one figure and not another. Genitals in disproportionate size to body. | Genitals stand out as most prominent feature. Drawings of intercourse, group sex. |
| Explores differences between males and females, boys and girls. | Confused about male/female differences after all questions have been answered. | Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex. |
| Takes advantage of opportunity to look at nude child or adult. | Stares/sneaks to stare at nude persons even after having seen many persons nude. | Asks people to take off their clothes. Tries to forcibly undress people. |
| Pretends to be opposite sex. | Wants to be opposite sex. | Hates being own sex. Hates own genitals. |
| Wants to compare genitals with peer-aged friends. | Wants to compare genitals with much older or much younger children or adults. | Demands to see the genitals, breasts, buttocks or children or adults. |
| Wants to touch genitals, breasts, buttocks of other same-age child or have child touch him/her. | Continuously wants to touch genitals, breasts, buttocks or other child/ren. Tries to engage in oral, anal, vaginal sex. | Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal or vaginal sex. |
| Kissing familiar adults and children. Allowing kissing by familiar adults and children. | French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection. | Overly familiar with strangers. Talks in a sexualized manner with unknown adults. |
| Looks at the genitals, buttocks, breasts of adults. | Touches/stares at the genitals, breasts, buttocks or adults. Asks adult to touch him/her on genitals. | Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adult into touching him/her. |
| Erections | Continuous erections | Painful erections |
| Puts something in own genitals/rectum | Puts something in own genitals/rectum when it feels uncomfortable. Puts something in the genitals/rectum of other child. | Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own genitals/rectum. |
| Interest in breeding behaviour of animals. | Touching genitals of animals. | Sexual behaviours with animals. |

**References for Toni Cavanagh Johnson, Ph.D**

FRIEDRICH, W., GRAMBSCH, P., BROUGHTON, D., KUIPER, J., & BEILKE, R. (1991). Normative sexual behaviour in children. Pediatrics.

FRIEDRICH, W., GRAMBSCH, P., DAMON, L., KOVEROLA, C., HEWITT, S., LANG, R., & WOLFE, V. (1992). The Child Sexual Behaviour Inventory: Normative and Clinical Comparisons. Journal of Consulting and Clinical Psychology.

JOHNSON, T.C. (1988). Child perpetrators - children who molest other children: preliminary findings. Child Abuse and Neglect, 12, 219-229.

JOHNSON, T.C. (1990). Children Who Act Out Sexually and Important Tools for Adoptive Parents of Children Who Act Out Sexually. In J.M. and B.H. McNamara (Ed), Adoption and the Sexually Abused Child (pp. 63-88). University of Southern Maine.

JOHNSON, T.C. (1990). Child Sexual Behaviour Checklist. Unpublished.

## Appendix II

This early child care setting supports an
***Open Door Communication Policy,***
which means:

- Parents are welcome to drop in and observe the program at any time.
- If consultation with an educator is desired, please let us know ahead of time so that the educator can give you undivided attention.
- Telephone communication is encouraged. Please check with your child's teacher regarding mutually convenient times.
- Parents can expect individual ongoing communication with staff concerning:
  - their child's progress;
  - program activities;
  - hours of operation.
- Parents can expect individual parent and educator meetings twice a year; during Nov./Dec. and June.
- Parents can expect relevant parent education opportunities to help them understand their child's development and the program we offer here.
- Parents can expect information about community resources.
- Parents are asked to make themselves familiar with the Parent Manual that states the policies and procedures of the child care setting regarding:
  - the care of their child;
  - the program; and
  - general operation procedures.
- Staff welcome feedback from parents on any aspect of the program.
- Parents concerned with the care of their child or any incidents in the child care setting are urged to speak with their child's educator.

## *REFERENCES*


**Alberta Family and Social Services.** 1990. Protocol for Handling Abuse and Neglect in Day Care Services.. Edmonton, Alberta: Child Welfare Services.

**Association of Early Childhood Educators, Ontario.** 1992. Child Abuse: A Handbook for Early Childhood Educators.

**Canadian Council on Social Development.** 1994-1995. "Preschool Children and the Prevention of Child Abuse". Vis-a-Vis: A National Newsletter on Family Violence. Ottawa:CCSD.

**Dawson, Ross.**1994. Preventing Abuse in Facilities/Institutions Serving Children. Nova Scotia: Government of Nova Scotia.

**Early Childhood Educators of British Columbia.** 1993. Taking Care: A Resource Manual for Early Childhood Professionals. Vancouver: ECE of B.C.

**Early Childhood Educators of British Columbia.** 1997. Taking Care: A Child Abuse Prevention Manual for Early Childhood Educators. Vancouver, B.C.: ECE of B.C.

**Family Violence Prevention Initiative.** 1994. Child Abuse: Procedures Manual for a Coordinated Response. Halifax, N.S.: Government of Nova Scotia.

**Goldman, Renitta.** "Recognizing Child Abuse and Neglect in Child Care Settings". Day Care and Early Education. Spring, 1995:12-15.

**Goldman, Renitta.** "Sexual Abuse of Young Children with Special Needs: Are They Safe in Day Care? Day Care and Early Education. Summer, 1993: 37-38.

**Institute for the Prevention of Child Abuse.** 1995 "Vulnerable Children". Connection (4) Toronto: Institute for the Prevention of Child Abuse.

**Justice Institute.** 1988. Let's Talk About Touching: Trainer's Manual. Victoria, B.C. Queen's Printer.

**Manitoba Child Care Association.** 1992. Child Abuse: How to Handle Allegations Against the Child Care Provider. Winnipeg, Man.: Consulting and Training Service.

**Manitoba Family Services.** 1991. Child Protection and Child Abuse: A Protocol for Child Care Workers. Winnipeg, Manitoba.

**Mikkelsen, Edwin J.** 1997. "Responding to Allegations of Sexual Abuse in Child Care and Early Childhood Education Programs". Young Children (52): 47-51.

**National Association for the Education of Young Children.** 1997. "NEAYC Position Statement on the Prevention of Child Abuse in Early Childhood Programs and the Responsibilities of Early Childhood Professionals to Prevent Child Abuse". Young Children (52): 42-46.

**National Clearinghouse on Family Violence.** 1991. Wife Abuse: The Impact on Children. Ottawa: Health and Welfare Canada.

**Osofsky, J., and Fenichel, E., eds.** "Caring for Infants and Toddlers in Violent Environments". Zero to Three 14(3). Washington: National Centre for Infants, Toddlers and Families.

**Osofsky, J., and Fenichel, E., eds.** "Islands of Safety: Assessing and Treating Young Victims of Violence". Zero to Three. 16(5). Washington: National Centre for Infants, Toddlers and Families.